



INTERNSHIP REQUEST

Date: _____

Department: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Interns must be currently enrolled in an accredited school, college, or university

Worksite Location: _____ # Interns: _____

H.S. ____ College (Undergraduate) ____ College (Graduate School) ____

Semester: Fall: ____ Spring: ____ Summer: ____

Internship Project Name and/or Assignment:

Project and/or Assignment Description:

Intern's Job Description:

Qualifications:

